

FINANCIAL STATEMENT

F	For Full-time County and Municipal Employees								
Please Print or Type		Disclosure for Tax Year Ending:							
Name: Last		First			Middle				
Filing as a (check one):	Municipal E	e County Em mployee of: pard Member	-	of Board	where serving	g:			
Title of Position held or sough	of Position held or sought: Term/Employment began on:								
Department where employed:			Work	Addres	s:				
If your home address is exempto Florida Statutes § 119.07, p.	\Box	Work	Work Telephone:						
Mailing Address (Street Name	e and Number)					Apt. #			
City			State	е		Zip Cod			
FINANCIAL STATEMENT (Re Please list the requested infor						nended)			
If continued on a separate she	et, please check h	ere:							
ASSETS-Cash balances in sa market accounts, etc.	vings and checkin	ng accounts,	savings	and loa	ns, banks, cre	edit unions, mo			
Name of Institution	Institution ADDRESS			UNT#	TYPE	AMOUNT			

ney

Subtotal -Cash Assets OTHER ASSETS

TOTAL SECURITIES

TOTAL MORTGAGES

Subtotal - Other Assets

Total - Cash & Other Assets

TYPE OF PROPERTY

RECEIVABLE

MARKET VALUE

MARKETABLE SECURITIES -List in detail on reverse side

MORTGAGES RECEIVABLE- List in detail on reverse side

NET WORTH IN BUSINESS -Attach current statement

PERSONAL PROPERTY (Car, boat, furniture, etc.)

REAL ESTATE OWNED: ADDRESS

CASH VALUE OF LIFE INSURANCE

OTHER (Describe)

LIABILITIES -	-List Mortgages	Payable, Bank	Loans, Finance	e Companies, I	Ξtc.				
OWED TO	ADDRESS	ACCOUNT #	DATE INCURRED		MONTHLY	BALANCE DUE			
	NCE PAYMEN								
	D CHILD SUPP	AND THE RESERVE OF THE PARTY OF							
	KER, ENDORS								
Total Assets N	finus Total Liab	oilities = Net Wo	Total Liabilities						
MARKETABL	E SECURITIES			CURRENT MARKET VALUE					
			# of Shares	Per Share	Total				
TOTAL MARK	ETABLE SEC	URITIES	Enter in O	ther Assets o	n reverse side				
MORTGAGES RECEIVABLE									
Address Date Original Amo		unt Mont	hly Payments	Balance Due					
			O, rg		, . uyoc	Daidileo Dao			
TOTAL MORT	GAGES RECE	IVABLE	ther Assets on reverse side						
I haraby away (or offirm) that the aforegoid information is a true and assess to take and									
I hereby swear (or affirm) that the aforesaid information is a true and correct statement.									
	erson Disclosin	g							
Signature of P	CIOON DISQUOSIN	•							
Signature of P	1				1				
Signature of P	orodii Biogradii	-							
Signature of P	, or on the state of the state	-							

Financial Statement

requirements.

forms with:

Municipal Clerk's Office.

completed forms with:

FINANCIAL STATEMENT

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The term INCOME shall include, but is not limited to, the following items: wages, salaries,

tips; bonuses; commissions & fees; dividends, interest; profit from businesses and

professions; your share of profits from partnerships and small business corporations;

pensions, annuities & endowments; profits from the sale or exchange of real estate,

estate or trust income, including accumulated distributions; alimony, separate maintenance or support payments; prizes, awards and gifts; fees as an Executor, Administrator or Director, disability retirement payments; workmen's compensation, insurance; damages, etc.

FILING INSTRUCTIONS

A Source of Income Form, Financial Statement, Form 1 or copy of personal Income Tax forms may be filed to satisfy the filing requirement for County, Municipal employees and advisory board members. This form must be filed by July 1st of each year. The form should not beused as a substitute for Form 1 for those required to file under the state

Miami-Dade County personnel and Miami-Dade Advisory Board members shall file

Supervisor of Elections Miami-Dade Elections Department 111 NW First Street, Suite 1910 Miami, Florida 33128

or

P.O. Box 012241 Miami, Florida 33101-2241

Municipal personnel and Municipal Advisory Board members shall file completed

Their respective Municipal Clerk

For further information contact the Miami-Dade Elections Department at (305) 375-4382 or

Note: The role of our office is to receive and maintain the forms filed as public record. If your home address appears on the form and you are exempt from public records and you do not wish it to be made public, you should use your office or other address. The following persons should not use their home addresses: active or former law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement; firefighters; justices and judges; current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; county and municipal code inspectors and code enforcement

securities or other property, including personal residence; rents and royalties; your share of

(Required by the Miami-Dade County Code, Section 2-11.1(i), as amended)